Room Set-Up Guide

Title of Event: ________________________________________________________________

Contact Person: ___________________________ Phone Number: ____________________

Day: ___________________ Date: __________________ Set-Up Time: ____________________

Time of Event: From ____________________ To ____________________

Building: _______________ Room #: _______________ Number to be seated: _______________

Room Arrangement for flat rooms only
(Please circle style required)

- Theatre Style
- Conference Style
- Hollow Square
- Classroom Style
- U-Shape
- Other ______

Standard Meeting Room Items
Standing Podium
Overhead Projector
Screen

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